

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/531949

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		2					54						
5		1					55						
6		2					56						
7		1					57						
8		2					58						
9		1					59						
10		2					60						
11		1					61						
12		2					62						
13		1					63						
14		2					64						
15	1						65						
16		1					66						
17		1					67						
18		2					68						
19		1					69						
20		2					70						
21		1					71						
22		2					72						
23		1					73						
24		2					74						
25		1					75						
26		2					76						
27		1					77						
28	1						78						
29	1						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	29						TOTAL CLAIMS						